

Drop-In Program 2009/2010

Christ United Methodist Church Child Care Center
 44 Highland Road ~ Bethel Park, PA 15102 412-854-4310

EMERGENCY CONTACT / PARENTAL CONSENT FORM

Child's Name:	Birthdate:	
First name child is usually called:	Sex:	
Address:	City:	Zip Code:
Mother's Name/Legal Guardian:	Home Phone: ()	
	Cell Phone: ()	
Address:	City:	Zip Code:
Business Name:	Bus. Phone: ()	
Address:	City:	Zip Code:
Father's Name/Legal Guardian:	Home Phone: ()	
	Cell Phone: ()	
Address:	City:	Zip Code:
Business Name:	Bus. Phone: ()	
Address:	City:	Zip Code:

Emergency Contact Person(s) while child is in care (in addition to parents)			Pick Up	
Name	Address	Phone Number	Yes	No
		()		
		()		
		()		
		()		
		()		

OVER PLEASE ⇒⇒⇒⇒⇒⇒⇒⇒

ALLERGIES (including medication reaction):
Medical or Dietary Information necessary in an emergency situation:
Medication, Special Conditions:
Additional Information on special needs of child:
Parental consent for administration of <input type="checkbox"/> Nox-A-Sting Parent's Signature: _____

Name of Child's Physician/Medical Care Provider:	Phone Number: ()	
Address:	City:	Zip Code:
Health insurance coverage for child or medical assistance benefits.	Policy Number (required)	
Special Disabilities (if any):		

Parent's Signature is REQUIRED for each item below.	
Obtaining Emergency Medical Care	Administering of Minor First-Aid Procedures
Walks and Trips (Not applicable to the Drop-In Program)	Transportation by the Facility
<p>PHOTOGRAPH PERMISSION: From time to time, pictures of student activities or special occasions are taken at the Center. These pictures almost always include children here at the Center. Sometimes the resulting pictures are sent to newspapers or other media including Center and Church materials for publication and Center web site. Please indicate below if you ARE or you ARE NOT giving your permission.</p> <p><input type="checkbox"/> YES A photograph that includes my child(ren) MAY be used.</p> <p><input type="checkbox"/> NO A photograph that includes my child(ren) MAY NOT be used.</p>	

In case of a medical emergency when I (or my designated relative or friend) cannot be reached immediately, the Director of the Child Care Center has my permission to provide the necessary medical attention to ensure the physical well-being of my child: _____ (name). Should this attention include calling emergency medical assistance (i.e., ambulance, paramedics, etc.), I understand that these attendant costs will be paid by me.

Parent's Signature